



JOCG Rec'd 10/20/2005 PCT
#6

PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/531,694
		Filing Date	April 18, 2005
		First Named Inventor	FIFER et al.
		Art Unit	Unassigned
		Examiner Name	Unassigned
Total Number of Pages in This Submission		Attorney Docket Number	PA1243

ENCLOSURES (Check all that apply)

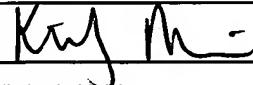
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Executed Combined Declaration/Power of Attorney; and Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Medtronic Vascular, Inc.		
Signature			
Printed name	Alan M. Krubiner		
Date	October 17, 2005	Reg. No.	26,289

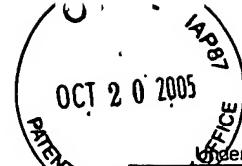
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Kimberly Melvin	Date	October 17, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Rec'd PCT/PTO 20 OCT 2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **130.00**

Complete if Known

Application Number	10/531,694
Filing Date	April 18, 2005
First Named Inventor	FIFER, Dan
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	PA1243

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **01-2525** Deposit Account Name: **Medtronic Vascular, Inc.**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING Fee (\$)	FEES Small Entity Fee (\$)	SEARCH Fee (\$)	FEES Small Entity Fee (\$)	EXAM. Fee (\$)	FEES Small Entity Fee (\$)	FEES Paid (4)
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	\$
Plant	200	100	300	150	160	80	\$
Reissue	300	150	500	250	600	300	\$
Provisional	200	100	0	0	0	0	\$

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
-----------------	----------------------------------

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims Fee (\$) Fee Paid (\$)

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

- 20 or HP = _____ x \$ _____ = \$ _____

HP = highest number of total claims paid for, if greater than 20

\$ _____ \$ _____

Indep. Claims

Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = _____ x \$ _____ = \$ _____

HP = highest number of independent claims paid for, if greater than 3

\$ _____ \$ _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	\$ _____

4. OTHER FEE(S)

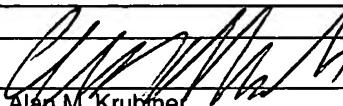
Non-English Specification, \$130 fee (no small entity discount)

10/25/2005 ATRAN1 00000138 012525 10531694

Other: Surcharge for Late Oath or Declaration

01 FC:1617 130.00 DA \$130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	26,289	Telephone	707.543.5021
Name (Print/Type)	Alan M. Krubiner		Date	October 17, 2005	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (any by the USPTO to process an application). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Express Abandonment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.



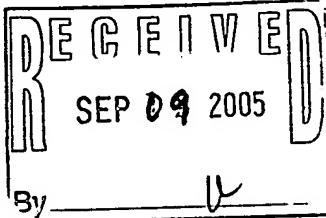
UNITED STATES PATENT AND TRADEMARK OFFICE

Rec'd PCT/PTO 20 OCT 2005

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
www.uspto.gov

U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
10/531,694	Dan Fifer	PA1243

28390
 MEDTRONIC VASCULAR, INC.
 IP LEGAL DEPARTMENT
 3576 UNOCAL PLACE
 SANTA ROSA, CA 95403



INTERNATIONAL APPLICATION NO.
PCT/US03/33525

I.A. FILING DATE	PRIORITY DATE
10/21/2003	10/22/2002

CONFIRMATION NO. 3897
 371 FORMALITIES LETTER
 OC000000016943788
 OC000000016943788

Date Mailed: 09/06/2005

NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Copy of the International Application filed on 04/18/2005
- Copy of the International Search Report filed on 04/18/2005
- Copy of IPE Report filed on 04/18/2005
- Information Disclosure Statements filed on 04/18/2005
- U.S. Basic National Fees filed on 04/18/2005
- Priority Documents filed on 04/18/2005
- Specification filed on 04/18/2005
- Claims filed on 04/18/2005
- Abstracts filed on 04/18/2005
- Drawings filed on 04/18/2005

DOCKETED

MDC KRED BOOK K2nd Review

No of Missing Items
6 Nov 2005

The applicant needs to satisfy supplemental fees problems indicated below.

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- To avoid abandonment, a surcharge (for late submission of filing fee, search fee, examination fee or oath or declaration) as set forth in 37 CFR 1.492(h) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

Final Date6 April 2006

SUMMARY OF FEES DUE:

S

Total additional fees required for this application is \$130 for a Large Entity

Pecu PCT/PTO 20 OCT 2005

- \$130 Surcharge.

ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

BARBARA A CAMPBELL

Telephone: (703) 308-9140 EXT 217

PART 1 - ATTORNEY/APPLICANT COPY

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/531,694	PCT/US03/33525	PA1243

FORM PCT/DO/EO/905 (371 Formalities Notice)